

Governor's Overdose Prevention and Intervention Task Force Meeting Minutes
November 4, 2015, Eleanor Slater Hospital, Arnold Conference Center

Task Force Members Present or represented:

- Attorney General Peter Kilmartin
- A.T. Wall, DOC
- Anya Rader Wallack, Medicaid
- Brian Sullivan, RI Police Chief Association
- Colonel Steven O'Donnel, RI State Police
- Dr. Alexander-Scott, RI DOH
- Dr. James McDonald, RI Board of Medical Licensure and Discipline
- Dr. Jef Bratberg, URI College of Pharmacy
- Dr. Kathleen Hittner, OHIC
- Dr. Kathleen Hittner, OHIC
- Dr. Matthew Collins, BCBSRI
- Ed D'Arezzo – DOH, Medical Examiner Office
- Erin McDonough, MRC/DMAT
- Jason Rhodes, DOH Emergency Medical Services
- Maria Montanaro, BHDDH
- Michelle McKenzie, RICARES
- Mike Rizzi, CODAC Harm Reduction Representative
- Nancy DeNuccio, Substance Abuse Prevention Association
- Peter Ragosta, RI Board of Pharmacy
- Representative David Bennett
- Senator Joshua Miller

Public: Dr. Traci Green, Brown University; Dr. Jody Rich, Brown University; Todd Manni, DOH; Jenn Koziol, DOH; Lisa Tomasso; Cory Saucier; Elinore McCance-Katz, BHDDH; Cecelia Pelkey; Haley Fiske; Ian Knowles; Rebecca Boss, BHDDH; Deb Varga, BHDDH; Jesse Yedinak; Maximilian King; Alex Macmadu; Kristina Carrero; Linda Mahoney, BHDDH; Patricia Coyne-Fague, DOC; Steve Detoy, RIMS; Renee Rulin, United Healthcare; Victoria Schwartz; Marie Ganim, RI State Senate; Leo Lariviere; Sophie O'Connell, OHHS; Shannon Spurlock; Barry Weiner; AJim Baum (representing Attorney General Kilmartin); Steven Brown, ACLU; Dr Lou Cerbo, ACI

Dr. Alexander-Scott welcomed everyone and thanked the authors of the Strategic Plan for the enormous amount of effort that went into the drafting the document. She emphasized that the plan highlights four new strategies that will have the greatest impact on decreasing drug overdose deaths; the plan does not represent all the work that has occurred and will continue to happen in Rhode Island. The team will continue to take comments on the plan until November 6th when the final document will be presented to the Governor.

Dr. Traci Green thanked the Governor, Dr. Alexander-Scott and Director Montanaro for their leadership. She gave a brief overview of the plan, which includes a data section and a summary of public/stakeholder comments. Dr. Green presented data demonstrating that the increasing US poisoning death rate is impacting the overall death rate; so the US

death rate is higher than that of other developed nations. The data shows that while there are some patterns, this problem is not single dimensional and different interventions are required for different populations. In 2014 and 2015, fentanyl contributed to a large portion of the deaths (only four RI towns did not have a fentanyl-related death). The epidemic is constantly changing, which challenges us to be responsive, flexible, and interdisciplinary in our responses.

Dr. Green pointed out that although the Good Samaritan Law is not one of the four pillars of the plan, the team supports the re-institution of the law, acknowledges that reducing fear of calling 911 is essential, and will continue to track measures that are relevant to the Good Samaritan law.

Dr. Green reviewed that the intent of the plan is to be evidence-based, data driven, sustainable, responsive, extraordinary, measurable, and stigma-reducing. The plan includes recommendations for a publicly accessible data dashboard and a communications plan.

Dr. Jody Rich presented on increasing access to medication assisted treatment (MAT), which is the first pillar of the plan. Twenty thousand people in RI need MAT. The cornerstone of this strategy is to increase the number of physicians that are authorized to prescribe Suboxone. Once capacity is increased, the plan recommends connecting people to MAT through systems like the emergency departments, hospitals, clinics, and the justice system. Dr. Rich emphasized the importance of training doctors to evaluate patients to determine best treatment option.

Dr. Green presented on the increasing access to naloxone, which is the second pillar of the plan. The plan recommends that naloxone becomes the standard of care and encourages prescribers and pharmacists to co-prescribe naloxone with all Schedule 2 drugs, syringe purchases, and benzo/opioids co-prescriptions. The plan also recommends establishing a trust fund to purchase naloxone and aggressive street outreach targeting high risk populations.

Director Montanaro asked for feedback from Task Force members on the treatment strategy. Public comment to date includes concerns about mandating medical schools to require MAT training in curriculum and that the primary care workforce is already overburdened. Director Montanaro stated the ECHO pilot project is designed to address some of these concerns and hopes to use this model to provide support to other primary care practices.

Dr. Collins suggested we consider expanding federal regulations that limit the number of patients Suboxone providers can prescribe to. Director Montanaro said this is something that has come up at the national level and is hopeful that it will be addressed. Dr. Collins also suggested we consider other models/places where MAT can be expanded so that it is not limited to primary care.

Nancy DiNuccio asked if other healthcare providers like nurse practitioners can prescribe Suboxone. The answer is not right now and that will take more time to change at the federal level.

Mike Rizzi's representative pointed out that the complicated problem of addiction, which include broader psycho/social problems, may be challenging for primary care doctors to address without specialized training.

Senator Miller reminded the group that approval for payment of treatment is not always successful and eliminating payment barriers is a key policy issue that will need to be addressed.

Commissioner Hittner stated that there is a study in progress to assess if the Mental Health Parity is working correctly. She acknowledged that pre-authorization can be an issue, but it is a mechanism that is used to determine medical necessity.

Director Montanaro asked for comments from the public. Suggestions were made about the importance of recovery coaches and involving other specialists that prescribe opioid in the solution.

Governor Raimondo addressed the Task Force. She thanked everyone for their efforts and stated that she is committed to support the implementation of the plan. She emphasized the moral obligation, the potential to learn from other states, and the importance of holding ourselves accountable to make progress on this epidemic.

Dr. Alexander-Scott asked for Task Force feedback on the naloxone strategy. Thomas Davis offered that CVS and other pharmacies are uniquely positioned to raise awareness and prescribe naloxone to family/friends/loved ones of those who are at risk.

Dr. Collins asked if the plan recommends intranasal or injectable naloxone. The answer was that we have not committed to one type of naloxone and patient preference and price will drive that decision.

Dr. Alexander-Scott pointed out that we also need to strategically think about how to pay for naloxone. She asked for comments from the public. It was suggested that the Good Samaritan Law section is unclear and should be clarified.

Dr. Rich presented on prevention, the third pillar of the plan. Rhode Island is fourth in the nations for benzo prescriptions and benzos were involved in one third of overdose deaths in 2014-2015. The plan recommends decreasing the co-prescription of opioids and benzos.

Dr. Green presented on Recovery, the fourth pillar of the plan. The plan recommends a massive expansion of recovery coaches in Rhode Island that includes targeting emergency departments, the Department of Corrections, and street outreach to high risk populations

Director Montanaro asked for Task Force comments on prevention. She emphasized that the plan highlights new interventions, but other important prevention work will continue, such as responsible prescribing of opioids, prevention with schools and families, improving the Prescription Drug Monitoring Program, and expanding alternative pain management resources.

Mike Rizzi's representative suggested that the prevention coalitions are leveraged for this strategy.

Nancy DiNuccio suggested the possibility of a 48 hour limit on opioid prescriptions.

Dr. Collins suggested that we do not forget to focus on the suppliers. He asked how the pharmaceutical companies would be involved in the solution and held accountable.

Director Montanaro asked for public comment on prevention. It was suggested that employers play a role in educating their patients and that public awareness campaigns communicate the risk of combining benzos and opioids.

The Task Force was asked to comment on the Recovery section of the plan. Tommy Joyce asked for a focus on developing more recovery centers where people can go to for access to broad resources including housing, employment, and will serve as a place for people to congregate. Director Montanaro pointed out that we can also leverage centers that already exist.

Senator Miller asked that we consider incorporating the payment of recovery coach services into Medicaid as a strategy to reduce admissions.

The potential to use Google money to purchase naloxone was brought up. The attorney general representative said those funds are tied by restrictive limitations. Colonel O'Donnell emphasized the need for police departments to look at their budgets for sustainable funding of naloxone.

Director Montanaro announced that workgroups will be formed for each strategy. Workgroups will meet twice a month between now and the middle of January to develop detailed plans for implementation, recommendations for agencies responsible, and identify potential funding sources. Folks will be able to sign up online in the next few days to participate in the workgroups. The Task Force will continue to meet monthly to get updates, give feedback, and guide implementation.

The next Task Force meeting is December 9th, 10:00-11:30 AM at the Department of Administration.